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## TO THE STATE OF STATE

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SWFL SUNNY DREAMS LLC

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## COVER LETTER

Division of Co			
SUBJECT: SWFL SU	JNNY DREAMS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
	101 N Brand Blvd 11th FI	Firm/Company	
	Glendałe, CA 91203	Address	
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Cheyenne Moseley		800 773-0888 at () Area Code Daytim	
Name	ofPerson	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Page: 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWFL SUNNY DREAMS LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit lorida document number L21000125382	ry Company were filed on 03/17/2021	and assigned
This amendment is submitted to amend the following	יע. בי	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the ab-	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter</u> <u>address here</u> :	the name of the r
Name of New Registered Agent:		
New Registered Office Address:		<u>'</u>
	Enter Florida street address . Florida	2821 Shor
	Crty	Zip Cod
New Registered Agent's Signature, if changing Regist	tered Agent:	F   19
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	nd complete performance of my duties, and I am f ad agent as provided for in Chapter 605, F.S. Or, tered office address, I hereby confirm that the lin	miliar Ath and Bihis document is
	If Changing Registered Agent, Signature of New Re	gistered Agent

From: Janet Koh

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Laurent N Begue	21869 Bella Terra Blvd. Estero, Fl. 33928	Add
			☐ Remove
		<u> </u>	Change
		<del></del>	
			☐ Remove
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Page: 6 of 6

2021-07-16 14:26.08 PDT

LegalZoom.com, Inc.

From: Janet Koh

If amending an	ny other information, enter change(s) here: (Attach additional shee	ls, if necessary.)
<del>,</del>		
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***************************************		
·		
<u></u>		<del> </del>
- <del></del>		·
If an effective date in Note: If the date	if other than the date of filing:  is listed, the date must be specific and cannot be prior to date of filing or more than 90  conserted in this block does not meet the applicable statutory filing requirence tive date on the Department of State's records.	days after filing.) Pursuant to 605.0207
e record spec The 90th da	cifies a delayed effective date, but not an effective time, at y after the record is filed.	· <b></b>
Datèd	June 21st 2021	
		SLUB AM 10: 3. SLUB AM 10: 3. ALLAMASSEE FLORED
<del></del>	Laurent begue. Signstone obs member or authorized representative of a memb	19 TILED
1.2.		FLORED
Laure	nt.N Begue  Typed or printed name of siguee	—————————————————————————————————————